

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

WOMEN VOTE!

ADDRESS (number and street) ▼

1800 M Street, NW

Ste 375N

☐ Check if different than previously reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00473918

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☒ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
07 01 2016

through

M M M / D D D / Y Y Y Y Y Y
07 31 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Denise Feriozzi

Signature of Treasurer

Denise Feriozzi

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
08 20 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

WOMEN VOTE!

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
07		01		2016

To:

M M	/	D D	/	Y Y Y Y Y
07		31		2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2016</td></tr></table>	Y	Y	Y	Y	Y	2016						<table><tr><td colspan="5">1525736.05</td></tr></table>	1525736.05				
Y	Y	Y	Y	Y													
2016																	
1525736.05																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">1833301.96</td></tr></table>	1833301.96															
1833301.96																	
(c) Total Receipts (from Line 19)	<table><tr><td colspan="5">2318726.78</td></tr></table>	2318726.78					<table><tr><td colspan="5">12823421.31</td></tr></table>	12823421.31									
2318726.78																	
12823421.31																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">4152028.74</td></tr></table>	4152028.74					<table><tr><td colspan="5">14349157.36</td></tr></table>	14349157.36									
4152028.74																	
14349157.36																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">2383226.97</td></tr></table>	2383226.97					<table><tr><td colspan="5">12580355.59</td></tr></table>	12580355.59									
2383226.97																	
12580355.59																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="5">1768801.77</td></tr></table>	1768801.77					<table><tr><td colspan="5">1768801.77</td></tr></table>	1768801.77									
1768801.77																	
1768801.77																	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">101804.00</td></tr></table>	101804.00															
101804.00																	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

WOMEN VOTE!

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
07	/	01	/	2016

To:

M M	/	D D	/	Y Y Y Y Y Y
07	/	31	/	2016

I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date
11. Contributions (other than loans) From:(a) Individuals/Persons Other
Than Political Committees

(i) Itemized (use Schedule A).....

251300.00

5904318.53

(ii) Unitemized

1015.00

4825.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

252315.00

5909143.53

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

2005000.00

6132866.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

2257315.00

12042009.53

12. Transfers From Affiliated/Other

Party Committees.....

0.00

720000.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

61411.78

61411.78

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

**19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ►**

2318726.78

12823421.31

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

2318726.78

12823421.31

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	172728.81	3201864.32
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	172728.81	3201864.32
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	525000.00
24. Independent Expenditures (use Schedule E)	2210498.16	8853491.27
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2383226.97	12580355.59
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2383226.97	12580355.59

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	2257315.00	12042009.53
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2257315.00	12042009.53
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	172728.81	3201864.32
37. Offsets to Operating Expenditures (from Line 15, page 3).....	61411.78	61411.78
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	111317.03	3140452.54

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 28
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

WOMEN VOTE!

Full Name (Last, First, Middle Initial)

A. Barrie Trinkle

Mailing Address 710 Wellington Dr

City State Zip Code
 Chapel Hill NC 27514

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Not-Employed

Not-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 22 2016

Transaction ID : 4706039

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Irene Fischer-Davidson

Mailing Address 1733 NW 25th Ave

City State Zip Code
 Portland OR 97210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Not-Employed

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 25 2016

Transaction ID : 4709390

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jeanne Manning

Mailing Address PO Box 30765

City State Zip Code
 Sea Island GA 31561

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Not-Employed

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 07 2016

Transaction ID : 4657334

Amount of Each Receipt this Period

2300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

WOMEN VOTE!

Full Name (Last, First, Middle Initial)

A. Frances Gonzales

Mailing Address 8065 Players Cove Drive #202

City State Zip Code
 Naples FL 34113

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Not-Employed

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 19 2016

Transaction ID : 4701567

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. David Leiwant

Mailing Address 2 Baker Road

City State Zip Code
 Medfield MA 02052

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Not-Employed

Not-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 19 2016

Transaction ID : 4701445

Amount of Each Receipt this Period

30000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Leslie Miller

Mailing Address 1111 Barberry Road

City State Zip Code
 Bryn Mawr PA 19010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

State of Pennsylvania

Counselor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 12 2016

Transaction ID : 4660034

Amount of Each Receipt this Period

25000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

WOMEN VOTE!

Full Name (Last, First, Middle Initial)

A. Berniece Patterson

Mailing Address 1640 School St.

City State Zip Code
 Moraga CA 94556

FEC ID number of contributing
federal political committee.

C

Name of Employer
 MacKenzie Patterson Fuller

Occupation
 Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 29 / 2016

Transaction ID : 4716052

Amount of Each Receipt this Period

50000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Lawrence Linden

Mailing Address 41 Riverside Dr.

City State Zip Code
 New York NY 10024

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Not-Employed

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 25 / 2016

Transaction ID : 4709389

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Pat Stryker

Mailing Address 262 East Mountain Avenue

City State Zip Code
 Fort Collins CO 80524

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bohemian

Occupation
 Philanthropist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 19 / 2016

Transaction ID : 4701444

Amount of Each Receipt this Period

100000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

175000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

WOMEN VOTE!

Full Name (Last, First, Middle Initial)

A. Sheet Metal Workers Union Local 19 - League for Political Ed

Mailing Address 1301 S. Columbus Blvd.

City State Zip Code
Philadelphia PA 19147

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 21 / 2016

Transaction ID : 4703703

Amount of Each Receipt this Period

12500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

12500.00

251300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

WOMEN VOTE!

Full Name (Last, First, Middle Initial)

A. D.R.I.V.E. Committee

Mailing Address 25 Louisiana Avenue NW

City
Washington

State Zip Code
DC 20001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : 4660035

Amount of Each Receipt this Period

50000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Majority Forward

Mailing Address c/o Perkins Coie
700 13th Street NW, Ste 600

City
Washington

State Zip Code
DC 20005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247866.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 05 / 2016

Transaction ID : 4654587

Amount of Each Receipt this Period

100000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Priorities USA

Mailing Address 1718 M Street NW #204

City
Washington

State Zip Code
DC 20036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5455000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 01 / 2016

Transaction ID : 4652978

Amount of Each Receipt this Period

1000000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1150000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

WOMEN VOTE!

Full Name (Last, First, Middle Initial)

A. Priorities USA

Mailing Address 1718 M Street NW #204

City
Washington

State Zip Code
DC 20036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5455000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 01 / 2016

Transaction ID : 4652979

Amount of Each Receipt this Period

425000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Priorities USA

Mailing Address 1718 M Street NW #204

City
Washington

State Zip Code
DC 20036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5455000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 29 / 2016

Transaction ID : 4722908

Amount of Each Receipt this Period

430000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

855000.00

2005000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN VOTE!

Full Name (Last, First, Middle Initial)

A. Precision Network, LLC

Mailing Address 1140 Connecticut Ave NW

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

0.00

Date of Receipt

07 / 15 / 2016

Transaction ID : 07152016

Amount of Each Receipt this Period

61411.78

☐ Memo Item

Media Buy Refund

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

61411.78

61411.78

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 28

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

WOMEN VOTE!

Full Name (Last, First, Middle Initial)

A. Authorize.net

Mailing Address 808 East Utah Valley Drive

City American Fork State UT Zip Code 84003

Purpose of Disbursement
Credit Card Service Charges

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 05 / 2016
Transaction ID : SB21B-808

Amount of Each Disbursement this Period

80.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. First Data Merchant Services

Mailing Address PO Box 6010

City Hagerstown State MD Zip Code 21741

Purpose of Disbursement
Credit Card Service Charges

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 05 / 2016
Transaction ID : SB21B-807

Amount of Each Disbursement this Period

394.58

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AFL-CIO

Mailing Address 815 16th St., NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Polling/Surveys

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 07 / 2016
Transaction ID : SB21B-789

Amount of Each Disbursement this Period

50000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

50475.33

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 28

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

WOMEN VOTE!

Full Name (Last, First, Middle Initial)

A. Shepardson, Stern & Kaminsky

Mailing Address 88 Pine St.

City New York State NY Zip Code 10005

Purpose of Disbursement
Consulting Fundraising

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 07 / 2016
Transaction ID : SB21B-794

Amount of Each Disbursement this Period

50000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Blackbaud Merchant Services

Mailing Address 2000 Daniel Island Drive

City Charleston State SC Zip Code 29492

Purpose of Disbursement
Credit Card Service Charges

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 14 / 2016
Transaction ID : SB21B-809

Amount of Each Disbursement this Period

60.01

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. The Feldman Group Inc.Mailing Address 1990 M St. NW
Suite 510

City Washington State DC Zip Code 20036

Purpose of Disbursement
Polling/Surveys

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 21 / 2016
Transaction ID : SB21B-803

Amount of Each Disbursement this Period

7333.33

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

57393.34

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 17 OF 28

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10
NAME OF COMMITTEE (In Full)
WOMEN VOTE!

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Moxie MediaNature of Debt (Purpose):
Mailhouse

Mailing Address PO Box 30084

City State
SeattleZip Code
WA 98113-2084

Outstanding Balance Beginning This Period

0.00

Transaction ID : VN5BQ9HCA51

Amount Incurred This Period

9669.72

Payment This Period

0.00

Outstanding Balance at Close of This Period

9669.72

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Moxie MediaNature of Debt (Purpose):
Mailouse

Mailing Address PO Box 30084

City State
SeattleZip Code
WA 98113-2084

Outstanding Balance Beginning This Period

0.00

Transaction ID : VN5BQ9HCA69

Amount Incurred This Period

9669.72

Payment This Period

0.00

Outstanding Balance at Close of This Period

9669.72

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Moxie MediaNature of Debt (Purpose):
Mailhouse

Mailing Address PO Box 30084

City State Zip Code
Seattle WA 98113-2084

Outstanding Balance Beginning This Period

0.00

Transaction ID : VN5BQ9HCA76

Amount Incurred This Period

8625.12

Payment This Period

0.00

Outstanding Balance at Close of This Period

8625.12

1) **SUBTOTALS** This Period This Page (optional)..... ►

27964.56

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 18 OF 28

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10
NAME OF COMMITTEE (In Full)
WOMEN VOTE!

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Moxie MediaNature of Debt (Purpose):
Mailhouse

Mailing Address PO Box 30084

City State
SeattleZip Code
WA 98113-2084

Outstanding Balance Beginning This Period

0.00

Transaction ID : VN5BQ9HCA84

Amount Incurred This Period

9669.72

Payment This Period

0.00

Outstanding Balance at Close of This Period

9669.72

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Moxie MediaNature of Debt (Purpose):
Mailhouse

Mailing Address PO Box 30084

City State
SeattleZip Code
WA 98113-2084

Outstanding Balance Beginning This Period

0.00

Transaction ID : VN5BQ9HCA92

Amount Incurred This Period

9669.72

Payment This Period

0.00

Outstanding Balance at Close of This Period

9669.72

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Priorities USANature of Debt (Purpose):
Media ProductionMailing Address 601 13th St NW
Ste 610NCity
WashingtonState Zip Code
DC 20005-3807

Outstanding Balance Beginning This Period

0.00

Transaction ID : VN5BQ9HCA43

Amount Incurred This Period

54500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

54500.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

73839.44

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 19 OF 28

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10
NAME OF COMMITTEE (In Full)
WOMEN VOTE!

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Shorr Johnson MagnusNature of Debt (Purpose):
Media ProductionMailing Address 100 N 20th St
Ste 201City State Zip Code
Philadelphia PA 19103-1454

Outstanding Balance Beginning This Period

21714.29

Transaction ID : VN5BQ9HC0B6

Amount Incurred This Period

0.00

Payment This Period

21714.29

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►

101804.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

101804.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 20 OF 28
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN VOTE!			FEC IDENTIFICATION NUMBER ▼ C C00473918	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Catalist, LLC			<input type="checkbox"/> Memo Item	
Mailing Address 1090 Vermont Ave NW Ste 300			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2016	
City Washington		State DC	Zip Code 20005-4966	Amount 896.98
Purpose of Expenditure Mailhouse		Category/Type 004		Transaction ID : VN7A7A1TEH6 Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2016
Name of Federal Candidate Pramila Jayapal			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WA
Calendar Year-To-Date Per Election for Office Sought 48200.98			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Moxie Media *			<input checked="" type="checkbox"/> Memo Item	
Mailing Address PO Box 30084			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2016	
City Seattle		State WA	Zip Code 98113-2084	Amount 9669.72
Purpose of Expenditure Mailhouse		Category/Type 001		Transaction ID : VN7A7A1TEC7 Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2016
Name of Federal Candidate Pramila Jayapal			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WA
Calendar Year-To-Date Per Election for Office Sought 48200.98			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....			896.98	
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Caroline Fines			Date MM / DD / YYYY 03 / 03 / 2016	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 21 OF 28
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN VOTE!			FEC IDENTIFICATION NUMBER ▼ C C00473918	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Moxie Media *			<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 22 / 2016
Mailing Address PO Box 30084			Amount 9669.72	
City Seattle	State WA	Zip Code 98113-2084	Transaction ID : VN7A7A1TED5	
Purpose of Expenditure Mailhouse		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate Pramila Jayapal		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>07</u> State: <u>WA</u>
Calendar Year-To-Date Per Election for Office Sought		48200.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Moxie Media *			<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 25 / 2016
Mailing Address PO Box 30084			Amount 8625.12	
City Seattle	State WA	Zip Code 98113-2084	Transaction ID : VN7A7A1W831	
Purpose of Expenditure Mailhouse		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate Pramila Jayapal		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>07</u> State: <u>WA</u>
Calendar Year-To-Date Per Election for Office Sought		48200.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Caroline Fines</i>		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 03 / 03 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 22 OF 28
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN VOTE!			FEC IDENTIFICATION NUMBER ▼ C C00473918	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Moxie Media *			<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 26 / 2016
Mailing Address PO Box 30084			Amount 9669.72	
City Seattle	State WA	Zip Code 98113-2084	Transaction ID : VN7A7A1W968	
Purpose of Expenditure Mailhouse		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate Pramila Jayapal			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WA</u>
Calendar Year-To-Date Per Election for Office Sought 48200.98			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Moxie Media *			<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 27 / 2016
Mailing Address PO Box 30084			Amount 9669.72	
City Seattle	State WA	Zip Code 98113-2084	Transaction ID : VN7A7A1W975	
Purpose of Expenditure Mailhouse		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate Pramila Jayapal			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WA</u>
Calendar Year-To-Date Per Election for Office Sought 48200.98			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Caroline Fines</i>			Date M M M / D D D / Y Y Y Y Y Y 03 / 03 / 2016	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 23 OF 28
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN VOTE!			FEC IDENTIFICATION NUMBER ▼ C C00473918	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY				
Full Name of Payee Precision Network, LLC			<input type="checkbox"/> Memo Item	
Mailing Address 1140 Connecticut Ave NW Ste 800			Date of Public Distribution/Dissemination MM / DD / YYYYYY 07 / 14 / 2016	
City Washington		State DC	Zip Code 20036-4010	Amount 14673.91
Purpose of Expenditure Media Buy Digital		Category/Type 004		Transaction ID : VN7A7A1Q6C8 Date of Disbursement or Obligation MM / DD / YYYYYY 07 / 14 / 2016
Name of Federal Candidate Hillary Rodham Clinton			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00
Calendar Year-To-Date Per Election for Office Sought 405438.15			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Precision Network, LLC			<input type="checkbox"/> Memo Item	
Mailing Address 1140 Connecticut Ave NW Ste 800			Date of Public Distribution/Dissemination MM / DD / YYYYYY 07 / 14 / 2016	
City Washington		State DC	Zip Code 20036-4010	Amount 136264.24
Purpose of Expenditure Media Buy Digital		Category/Type 004		Transaction ID : VN7A7A1Q6D5 Date of Disbursement or Obligation MM / DD / YYYYYY 07 / 14 / 2016
Name of Federal Candidate Hillary Rodham Clinton			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00
Calendar Year-To-Date Per Election for Office Sought 405438.15			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....			150938.15	
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Caroline Fines			Date MM / DD / YYYYYY 03 / 03 / 2016	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) WOMEN VOTE!		FEC IDENTIFICATION NUMBER ▼ C C00473918	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	

Full Name of Payee Precision Network, LLC		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 18 / 2016	
Mailing Address 1140 Connecticut Ave NW Ste 800				Amount 29786.69	
City Washington	State DC	Zip Code 20036-4010		Transaction ID : VN7A7A1RY27	
Purpose of Expenditure INKIND: Media Buy Digital		Category/Type 004		Date of Disbursement or Obligation MM / DD / YYYY 07 / 18 / 2016	
Name of Federal Candidate Hillary Rodham Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00	
Calendar Year-To-Date Per Election for Office Sought		405438.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Precision Network, LLC		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2016	
Mailing Address 1140 Connecticut Ave NW Ste 800				Amount 70213.31	
City Washington	State DC	Zip Code 20036-4010		Transaction ID : VN7A7A1QYT8	
Purpose of Expenditure Media Buy Digital		Category/Type 004		Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2016	
Name of Federal Candidate Hillary Rodham Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00	
Calendar Year-To-Date Per Election for Office Sought		405438.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	100000.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caroline Fines
Signature

[Electronically Filed]

Date **03 / 03 / 2016**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 25 OF 28
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN VOTE!			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00473918</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div>					
Full Name of Payee Priorities USA *			<input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 07 / 14 / 2016		
Mailing Address 601 13th St NW Ste 610N			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">54500.00</div>		
City Washington		State DC	Zip Code 20005-3807		
Purpose of Expenditure Media Production		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">004</div>		Transaction ID : VN7A7A1QD55 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div>	
Name of Federal Candidate Hillary Rodham Clinton			<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">405438.15</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Shepardson Stern + Kaminsky			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 07 / 15 / 2016		
Mailing Address 88 Pine St Fl 30			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">50000.00</div>		
City New York		State NY	Zip Code 10005-1825		
Purpose of Expenditure Media Production		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">004</div>		Transaction ID : VN7A7A1Q8T2 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 07 / 07 / 2016	
Name of Federal Candidate Hillary Rodham Clinton			<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">405438.15</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">50000.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Caroline Fines</i>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 03 / 03 / 2016		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 26 OF 28
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN VOTE!			FEC IDENTIFICATION NUMBER ▼ C C00473918		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY					
Full Name of Payee Shepardson Stern + Kaminsky			<input type="checkbox"/> Memo Item		
Mailing Address 88 Pine St FI 30			Date of Public Distribution/Dissemination MM / DD / YYYYYY 07 / 15 / 2016		
City New York		State NY	Zip Code 10005-1825	Amount 50000.00	
Purpose of Expenditure Media Production		Category/Type 004		Transaction ID : VN7A7A1Q8W8 Date of Disbursement or Obligation MM / DD / YYYYYY 07 / 21 / 2016	
Name of Federal Candidate Hillary Rodham Clinton			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate			District: 00 State: 00		
Calendar Year-To-Date Per Election for Office Sought 405438.15			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Shorr Johnson Magnus			<input type="checkbox"/> Memo Item		
Mailing Address 100 N 20th St Ste 201			Date of Public Distribution/Dissemination MM / DD / YYYYYY 06 / 23 / 2016		
City Philadelphia		State PA	Zip Code 19103-1454	Amount 21714.29	
Purpose of Expenditure Media Production		Category/Type 004		Transaction ID : VN7A7A1DTH0 Date of Disbursement or Obligation MM / DD / YYYYYY 07 / 07 / 2016	
Name of Federal Candidate Patrick Toomey			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate			District: 00 State: PA		
Calendar Year-To-Date Per Election for Office Sought 1332298.29			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			71714.29		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Caroline Fines			Date MM / DD / YYYYYY 03 / 03 / 2016		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 27 OF 28
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN VOTE!			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00473918</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee SKDKnickerbocker LLC			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">07 / 15 / 2016</div>		
Mailing Address 1818 N St NW Ste 450			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10916.74</div>		
City Washington		State DC	Zip Code 20036-2473		Transaction ID : VN7A7A1QDM3
Purpose of Expenditure Media Production		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">07 / 22 / 2016</div>	
Name of Federal Candidate Kelly Ayotte			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1642322.74</div> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Waterfront Strategies			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">07 / 16 / 2016</div>		
Mailing Address 3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">194626.00</div>		
City Washington		State DC	Zip Code 20007-5161		Transaction ID : VN7A7A1Q8Y3
Purpose of Expenditure Media Buy TV		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">07 / 07 / 2016</div>	
Name of Federal Candidate Patrick Toomey			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1332298.29</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">205542.74</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Caroline Fines</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">03 / 03 / 2016</div> <div style="text-align: center;">[Electronically Filed]</div>		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 28 OF 28
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN VOTE!		FEC IDENTIFICATION NUMBER ▼ C C00473918	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y . . . / . . . / </div>	

Full Name of Payee Waterfront Strategies		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2016 </div>	
Mailing Address 3050 K St NW Ste 100				Amount <div style="border: 1px solid black; padding: 2px;"> 1238481.00 </div>	
City Washington	State DC	Zip Code 20007-5161		Transaction ID : VN7A7A1Q8Z1	
Purpose of Expenditure Media Buy TV		Category/Type 004		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2016 </div>	
Name of Federal Candidate Kelly Ayotte		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> 1642322.74 </div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Waterfront Strategies		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 08 / 02 / 2016 </div>	
Mailing Address 3050 K St NW Ste 100				Amount <div style="border: 1px solid black; padding: 2px;"> 392925.00 </div>	
City Washington	State DC	Zip Code 20007-5161		Transaction ID : VN7A7A20GQ4	
Purpose of Expenditure Media Buy TV		Category/Type 004		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 07 / 25 / 2016 </div>	
Name of Federal Candidate Kelly Ayotte		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> 1642322.74 </div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> 1631406.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> 2210498.16 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caroline Fines

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
 03 / 03 / 2016

Signature